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|--|-------------------------------|---|--|---------------------------|---|-------------------------------|--|---------|---|---------|--|---------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 701826-057320 | | | | | | | | | | |
| <p>In re Application of Edward L.G. Pryzdial</p> <table border="1"> <tr> <td>Application Number 10/551,565</td> <td>Filed February 8, 2006</td> </tr> </table> <p>For USE OF COAGULATION PROTEINS TO LYSE CLOTS</p> <table border="1"> <tr> <td>Group Art Unit 4718</td> <td>Examiner Christina Bradley</td> </tr> </table> | | | Application Number 10/551,565 | Filed February 8, 2006 | Group Art Unit 4718 | Examiner Christina Bradley | | | | | | |
| Application Number 10/551,565 | Filed February 8, 2006 | | | | | | | | | | | |
| Group Art Unit 4718 | Examiner Christina Bradley | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> | | | | | | | | | | | | |
| <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td>\$130.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td>\$_____</td> </tr> </table> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$130.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) | \$_____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$_____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$_____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$130.00 | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) | \$_____ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$_____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$_____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$_____ | | | | | | | | | | | |
| <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>. I have enclosed a duplicate copy of this sheet.</p> | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor</p> | | | | | | | | | | | | |
| <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> attorney or agent of record.</p> | | | | | | | | | | | | |
| <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> | | | | | | | | | | | | |
| <u>/Stephen R. Duly/</u> | | <u>November 20, 2008</u> | | | | | | | | | | |
| Signature | | Date | | | | | | | | | | |
| David S. Resnick (34,235) / Stephen R. Duly (56,183) | | (617) 345-6057 / 1270 | | | | | | | | | | |
| Typed or printed name | | Telephone Number | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | | | | |